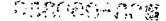
Primary Registration District No. _______ Registration District No DO NOT WRITE ON THIS STUB **AMENDED** FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before a. COUNTY a. STATE **b.** COUNTY VS 300 admission) AMENDED St. Louis Mo. St. Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR Yes 📮 No 🗖 TOWN Kirkwood TOWN 2davs Fenton c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR ADDRESS 516 Water St. INSTITUTION Yes 🕞 No 🗀 Yes 🔲 No 🛣 St. Joseph Hospita 4000 3. NAME OF DECEASED Middle DATE Month Day Year (Type or print) DEATH ARTHUR Η. ROBERTS 12 1963 27th 9. AGE (last birthday) IF UNDER 1 YEAR 5. SEX COLOR OR RACE 7. Married 📆 Never Married 🗆 8. DATE OF BIRTH IF UNDER 24 HR Widowed [Divorced [Male /22/1899 White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
WELGER Oklahoma U.S.A. Š Retired 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Lewis C. Roberts Louisa Hagner Ida C. Roberts 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi Ida C. Roberts--same as above INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line **DOCUMENT** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: plunt of abdominal acrtic and Electorelinasia 10 RECORD IMMEDIATE CAUSE (a) 능 11 INSTEAD Conditions, If any, which gave rise to 呈 above cause (a). stating the underlying cause last. DUE TO (c) Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Unknown ☐ No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hou Month, Day, Year RIBBON INJURY p.m. **51ATE** COUNTY 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *TYPEWRITER* READ 19427,1463 and last saw him alive on 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED (Degree or title) 22a. SIGNATURE ö 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, AFFIDA Š REMOVAL (Specify) Sunset Burial Park Sappington DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Fenton

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE



... STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my persónal supervision.	_ Signed il aniel & Malu,
Student Signature of Student Embalmer	_ Signed_1/ Cincled
•	Licensed Embalmer No. 4326

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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